

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

*** CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 13 PM 1:28

DOCUMENT # 729515 (7)

1. Corporation Name

NUMBER ONE NORTH OCEAN ASSOCIATION, INC.

Principal Place of Business

Mailing Address

150 NORTH OCEAN BLVD.
PALM BEACH FL 33480

150 NORTH OCEAN BLVD.
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1974

3a. Date of Last Report

03/08/1994

4. FEI Number

59-1638486

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WERNER, HARVEY
150 NO. OCEAN BLVD., #402
PALM BEACH, FLORIDA
PALM BEACH FL 33480

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reappointing)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HERMAN, BERNARD W.
STREET ADDRESS 150 NO. OCEAN BLVD. #402
CITY-ST-ZIP PALM BEACH, FL 00000

1.1 TITLE

☐ Change ☐ Addition

TITLE D
NAME GURWIN, JOSEPH
STREET ADDRESS 150 NO. OCEAN BLVD., #403
CITY-ST-ZIP PALM BEACH FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VPD
NAME GREEN, MILTON
STREET ADDRESS 150 NO. OCEAN BLVD. #501
CITY-ST-ZIP PALM BEACH, FL 00000

2.1 TITLE

☐ Change ☐ Addition

TITLE TD
NAME EPPLER, HEINZ
STREET ADDRESS 150 N OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE SD
NAME WERNER, HARVEY
STREET ADDRESS 150 NO. OCEAN BLVD., #403
CITY-ST-ZIP PALM BEACH FL

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

W. Bern and Herman W. BERNARD HERMAN 02/07/95 407.659.5855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR